

Commission on Human Rights and Opportunities Contract Compliance Unit 25 Sigourney Street Floor 7 Hartford, CT 06106				1. MONTHLY EMPLOYMENT UTILIZATION REPORT <i>(FORM chro cc-257)</i>				PROJECT AREA (MSA): <hr/> 2. EMPLOYERS FEIN NO.				3. PROJECT AAP GOALS MINORITY: _____ FEMALE: _____				4. REPORTING PERIOD FROM: _____ TO: _____			
GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:								NAME AND LOCATION OF CONTRACTOR (submitting report):								STATE AWARDING AGENCY:			
5. CONSTRUCTION TRADE (please identify)		6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT												9. TOTAL NUMBER OF EMPLOYEES		10. TOTAL NUMBER OF MINORITY EMPLOYEES			
		CLASSIFICATION	6a. TOTAL HOURS BY TRADE		6b. BLACK (Not of Hispanic Origin)		6c. HISPANIC		6d. ASIAN OR PACIFIC ISLANDERS		6e. AMERICAN INDIAN OR ALASKAN NATIVE		7. MINORITY PERCENT					8. FEMALE PERCENT	
			M	F	M	F	M	F	M	F	M	F							
		Journey Worker Apprentice Trainee SUB-TOTAL																	
		Journey Worker Apprentice Trainee SUB-TOTAL																	
		Journey Worker Apprentice Trainee SUB-TOTAL																	
		Journey Worker Apprentice Trainee SUB-TOTAL																	
		Journey Worker Apprentice Trainee SUB-TOTAL																	
TOTAL JOURNEY WORKERS TOTAL APPRENTICES TOTAL TRAINEES GRAND TOTAL																			
11. COMPANY OFFICIALS SIGNATURE , PRINTED NAME AND PRINTED TITLE								12. TELEPHONE NUMBER (Including area code)				13. DATE SIGNED				PAGE _____ OF _____			
<input type="checkbox"/> Did not perform work on this project for this month (Please place an "X" in the box if your company did not perform work on this project for this month only.)																			

Commission on Human Rights and Opportunities Contract Compliance Unit 25 Sigourney Street Floor 7 Hartford, CT 06106				1. MONTHLY EMPLOYMENT UTILIZATION REPORT (FORM chro cc-257A)				PROJECT AREA (MSA): _____ 2. EMPLOYER'S FEIN NO. _____				3. PROJECT AAP GOALS MINORITY: _____ FEMALE: _____				4. REPORTING PERIOD FROM: _____ TO: _____			
GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:						NAME AND LOCATION OF CONTRACTOR (submitting report):						STATE AWARDING AGENCY:							
5. ON SITE PERSONNEL (OTHER THAN TRADE WORKERS) <i>(please identify specific job title)</i>		6. WORK HOURS OF WORKERS <i>(OTHER THAN TRADE WORKERS)</i> EMPLOYED ON PROJECT										9. TOTAL NUMBER OF EMPLOYEES M F		10. TOTAL NUMBER OF MINORITY EMPLOYEES M F					
		6a. TOTAL HOURS BY TRADE M F		6b. BLACK (Not of Hispanic Origin) M F		6c. HISPANIC M F		6d. ASIAN OR PACIFIC ISLANDERS M F		6e. AMERICAN INDIAN OR ALASKAN NATIVE M F						7. MINORITY PERCENT		8. FEMALE PERCENT	
GRAND TOTAL WORKERS																			
11. COMPANY OFFICIALS SIGNATURE , PRINTED NAME AND PRINTED TITLE						12. TELEPHONE NUMBER (Including area code)						13. DATE SIGNED				PAGE _____ OF _____			

Commission on Human Rights and Opportunities Contract Compliance Unit 25 Sigourney Street Floor 7 Hartford, CT 06106				1. CUMULATIVE EMPLOYMENT UTILIZATION REPORT (FORM chro cc-257b)		PROJECT AREA (MSA): _____ 2. EMPLOYERS FEIN NO. _____		3. PROJECT PLAN GOALS MINORITY: _____ FEMALE: _____		4. PROJECT DURATION START DATE: _____ END DATE : _____								
GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:				NAME AND LOCATION OF CONTRACTOR (submitting report):				STATE AWARDING AGENCY:										
5. CONSTRUCTION TRADE (please identify)		6. CUMULATIVE WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT										9. CUMULATIVE NUMBER OF EMPLOYEES M F		10. CUMULATIVE NUMBER OF MINORITY EMPLOYEES M F				
		CLASSIFICATION	6a. CUMULATIVE HOURS BY TRADE M F		6b. BLACK (Not of Hispanic Origin) M F		6c. HISPANIC M F		6d. ASIAN OR PACIFIC ISLANDERS M F		6e. AMERICAN INDIAN OR ALASKAN NATIVE M F		7. CUMULATIVE MINORITY PERCENT		8. CUMULATIVE FEMALE PERCENT			
		Journey Worker Apprentice Trainee CUMULATIVE TOTAL																
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11. COMPANY OFFICIALS SIGNATURE , PRINTED NAME AND PRINTED TITLE							12. TELEPHONE NUMBER (Including area code)					13. DATE SIGNED			PAGE _____ OF _____			

FORM CHRO 257b

**** NOTE:** The purpose of this report is to be a **CUMULATIVE** Employment Utilization Report (257b); cumulative meaning the total sum of all the 257s filed by your company throughout the duration of this project. Please submit this *Cumulative Employment Utilization Report (257b)* with your **FINAL 257** filing. If punch list items or other events require your company to return to the project after such filings, than please submit a *Revised 257b* with your **Revised FINAL 257**.